

stores. Owing, however, to the lateness of our arrival in Franz Josef Land and to the very early setting in of winter, that year (1894), it was unable to do so, and therefore her crew had to winter in the High North. The expedition proper ate fresh meat regularly at least once a day in the shape of polar bear. The people on the ship had, however, a prejudice against this food, which certainly was not particularly palatable, and insisted, against all advice, upon eating their preserved and salted meat. This meat I occasionally noticed to be sometimes "high" or "gamey," and afterwards heard that it was often so. The result was that, though I visited the ship every day, and personally saw that each man swallowed his dose of lime juice (which was made compulsory, and was of the best quality), the whole ship's company were tainted with scurvy, and two died. We on land, however, of the expedition proper, who never touched lime juice, but ate the fresh meat, and who, moreover, lived there three years instead of the one year passed by those upon the ship, were never in the slightest degree tainted with scorbutic symptoms during the whole of our sojourn.

No Scurvy with Fresh Meat.

That fresh food, whether animal or vegetable, will keep the members of a polar expedition in good health, is well known, and this has been especially shown by Mr. Leigh Smith's expedition, which was wrecked in Franz Josef Land in 1881; for among a crew of twenty-five men who wintered there under the most miserable circumstances, and whose food during that wintering was entirely carnivorous (but fresh) for quite a year, all managed to get back sound and well.

Again, Nansen and Johansen, who were away from their ship and all other food for sixteen months, subsisted for more than a year entirely upon fresh carnivorous food, and they remained sound and well.

That the cause of the outbreak of scurvy in so many polar expeditions has always been that something was radically wrong with the preserved meats, whether tinned or salted, is practically certain; that foods are scurvy-producing by being, if only slightly, tainted is practically certain; that the benefit of the so-called "antiscorbutics" is a delusion, and that some antiscorbutic property has been removed from foods in the process of preservation is also a delusion. That there is no antiscorbutic property in any food or drug is to my mind a certainty. An animal food is either scorbutic—in other words, scurvy-producing—or it is not. It is either tainted or it is sound. Putrefactive change, if only slight and tasteless, has taken place or it has not. Bacteria have been able to produce ptomaines in it or they have not; and if they have not, then the food is healthy and not scurvy-producing.

Precautions as to Preserved Foods.

The principal care, therefore, which the organizers of a polar expedition have to take, in order to be sure that the members of it may remain in sound and fit condition, is to see that the food supply, in the shape of preserved meats especially, is good; this can be done by seeing that the meat is perfectly fresh when it is being tinned, that it is properly tinned, as well as by keeping it under observation after it is tinned for as long a period as possible before the expedition sails.

These precautions are those which have, to a very great extent, been taken with regard to the preserved meats, etc., supplied to the National Antarctic Expedition. They have been inspected and as carefully tested as circumstances would allow, and everything which had even a suspicion of taint has been rejected.

That these precautions will be sufficient to relieve us of the danger of any of us becoming subject to so disastrous a disease as scurvy I have little or no doubt, and if, as is very probable, there will be a sufficiency of fresh game, in the shape of penguins and seals, we can take it as certain that no scurvy will be heard of in connexion with the expedition, however long it may remain in the High South.

BARON VON KRAFFT-EBING, Professor of Psychiatry of the Psychiatric Clinic in the University of Vienna, has obtained permission from the Austrian Minister of Education to resign his chair. It is stated that he intends to return to Graz, where he was professor from 1873 to 1889. His successor at Vienna will be Professor von Wagner-Jauregg.

THE MEDICAL SERVICES OF WEST AFRICAN COLONIES AND PROTECTORATES.

FORMATION OF A "WEST AFRICAN MEDICAL STAFF."

WE are informed by Mr. Chamberlain, Secretary of State for the Colonies, that it has been decided to amalgamate the medical services of the British West African Colonies and Protectorates into a single service, to be known as the West African Medical Staff. The salaries and other conditions of service of the medical officers have been revised in connexion with the scheme of amalgamation. Particulars of the appointments are contained in a Colonial Office paper entitled *Information for the use of Candidates for Appointments in the West African Medical Staff: Colonial Office, African (West), No. 678*. The main provisions are as follows:

The services amalgamated are those of the Gambia, Sierra Leone, the Gold Coast, Lagos, Southern Nigeria, and Northern Nigeria. All the medical officers for the service will be selected by the Secretary of State for the Colonies, and will be on one list for employment and promotion.

Salary and Allowances.

The grades and salaries for medical officers are shown in the following table:

Grades.	Gold Coast, Southern Nigeria, Northern Nigeria.			Sierra Leone, Lagos.		
	Minimum Salary.	Annual Increment.	Maximum Salary.	Minimum Salary.	Annual Increment.	Maximum Salary.
Principal Medical Officer	£ 1,000	£ 50	£ 1,200	£ 800	£ 50	£ 1,000
Deputy Principal Medical Officer	700	25	800	—	—	—
Senior Medical Officers	600	20	700	600	20	700
Medical Officers	400	20	500	400	20	500

The grades and salaries of the establishment on the Gambia are at present under consideration.

The allowances are as follows:

(a) *Duty Pay.*—A deputy principal medical officer or senior medical officer will receive duty pay at the rate of £100 a year while acting for the principal medical officer. Duty pay at the rate of £60 a year will also be paid (1) to each deputy principal medical officer or senior medical officer while employed in Ashanti or the northern territories of the Gold Coast; and (2) to not more than two officers of either of those ranks in Northern Nigeria, when similarly employed in outlying districts, at the discretion of the High Commissioner.

(b) *Horse or Hammock Allowance.*—An allowance of 2s. 6d. a day will be paid to every medical officer for personal conveyance while on duty at his station for any period during which he was required by Government to keep, and has actually kept, a horse, carriers, etc., for the purpose.

(c) *Transport of Stores.*—The Government will carry free of cost a reasonable amount of stores for every medical officer, the amount in each case being fixed by the local government.

(d) *Travelling.*—Medical and other officers travelling on duty in a Colony or Protectorate are entitled to repayment of any actual out-of-pocket expenses which they may necessarily have incurred. In some cases in lieu of the repayment of expenses, a travelling allowance is given, which is estimated to cover the average cost of travelling.

(e) *Field or Bush Allowance.*—An allowance of 5s. a day will be paid to all medical officers, whatever their rank, while employed in the field or bush, away from recognised stations. Officers, while in receipt of this allowance, will not be entitled to any repayment or allowance under (d) above.

(f) *Allowances on a Military Expedition.*—All medical officers, whatever their rank, while employed with a military expedition will be paid an allowance of 10s. a day, and will be given free rations, or an allowance of 3s. a day in lieu of rations. While in receipt of these allowances, medical officers will not be entitled to any repayment or allowance under (d) and (e) above.

(g) *Outfit Allowance.*—An allowance of £12 will be paid to every medical officer on first appointment for the purchase of camp outfit (see under "Outfit.")

Leave of Absence, Passages, Etc.

Medical officers will be in general subject to the Colonial Regulations, Chapter XVIII, the main rules in which are:

1. The ordinary tour of residential service is one year, followed by leave with full pay during the voyages to and from England, and for four or to two months in England, according as the officer is returning or not.
2. An officer detained beyond the year receives additional leave with

full pay for ten or five days, according as he is returning or not in respect to each completed month beyond twelve.

3. If invalidated before the end of the first year the leave with full pay is for the voyages and for ten or five days in respect of each completed month according as he is returning or not.

4. "Return leave" is leave granted on the understanding that the officer will return, and any pay drawn in respect of such leave is liable to be refunded if he does not return.

5. Leave may be extended for a limited period with half or no pay on the ground of ill-health.

6. Free passages are given to all officers granted leave as above, and also on first appointment, and half pay is given during the voyage out on first appointment.

A copy of Chapter XVIII of the Colonial Regulations can be obtained free on application to the Colonial Office. It is also contained in the annual *Colonial Office List* (Messrs. Harrison and Sons, 59, Pall Mall; 10s. 6d.).

General Conditions of Engagement.

Every medical officer, unless exempted on account of previous colonial service or other reason, is engaged on probation for one year from the date of his arrival in West Africa, but if found not qualified for efficient service in West Africa the Governor or High Commissioner, subject to the confirmation of the Secretary of State, will have power to cancel his appointment at any time within the year, and a free passage back will be granted at the discretion of the Governor or High Commissioner. At the end of the year of probation the officer may be confirmed in his appointment, but unless so confirmed the appointment will cease at the end of the year.

Private Practice.

"All medical officers, except the principal medical officer in each Colony or Protectorate, will be allowed to take private practice provided that it does not interfere with the faithful and efficient performance of their official duties, and that it will be within the power of the Governor or High Commissioner to withdraw or suspend the privilege in such places and for such periods as he may consider desirable."

Outfit.

Instruments and drugs and all medical appliances are supplied by the Government.

Camp outfit must be taken by every medical officer, who will receive an allowance of £12. It is added as a general rule it is desirable to take out as little as possible, but as circumstances vary the newly-appointed officer should, if possible, consult some one who has recently been on the Coast, and the Colonial Office will be ready to place him in communication with some officer at home on leave of absence who will be able to advise him.

Uniform.

The question of uniform for officers of the West African Medical Staff is under consideration, but a uniform is prescribed for medical officers in common with other civil officers in Northern and Southern Nigeria, and particulars can be obtained from the Colonial Office.

Pensions and Gratuities.

Intending candidates can obtain full particulars from the Colonial Office, but the following is a summary:

Age.—On attaining the age of 50 years, or after eighteen years service, of which at least twelve must have been residential, an officer is qualified for a pension calculated at one-fortieth of the last annual salary for each year of service.

Invalids.—If invalidated after a minimum of seven years service he is qualified for a pension at the same rate, if before completing seven years he is qualified for a gratuity not exceeding three-fourths of a month's salary for each six months of service, provided that he has been confirmed in his appointment and is recommended by the Governor or High Commissioner for a gratuity.

Gratuities.—At the end of nine years service, of which not less than six must have been residential, an officer of the West African Medical Staff will be permitted to retire with a gratuity of £1,000; at the end of twelve years, of which not less than eight must have been residential, with a gratuity of £1,250; but all claims to pension are forfeited on the receipt of such gratuity.

In calculating the amount of these pensions and gratuities, leave of absence without salary is not counted, but leave with one-half salary is counted as one-half.

Applications for Appointments.

Applicants must be of European parentage, and between 25 and 35 years of age. Preference will be given to unmarried candidates. Passages for wives and children are not provided by the Government; houses for them are rarely available, and except in the case of an officer dying on active service, no provision is made by the Government for a widow or orphans. The higher grades of the service will usually be filled by promotion from the lower. Candidates may express a preference for a particular Colony or Protectorate, but are liable to be posted in the first instance, or transferred afterwards, to any other Colony or Protectorate.

All applications, which must be accompanied by a general statement of qualifications and a certificate of birth, must in the first place be addressed, in writing, to the Assistant Private Secretary to the Secretary of State, Colonial Office, Downing Street, London, S.W., to whom intending candidates should apply for a copy of the pamphlet here quoted.

Instruction in Tropical Medicine.

Every candidate selected for appointment will, unless the Secretary of State decides otherwise, be required to undergo a course of instruction of eight weeks, either at the London School of Tropical Medicine, Royal Victoria and Albert Docks, E., or at the Liverpool School of Tropical Medicine, University College, Liverpool. The cost of the tuition fees, board, and residence, amounting to £30 17s. 4d., will be borne by the Government, and a daily allowance of 5s. (but no pay) will be paid to each candidate during the course, and subsequently up to the date of embarkation. Half-pay begins from the date of embarkation.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the week ending January 11th there were 10,368 deaths from plague in India.

In the city of Bombay 234 deaths from plague occurred during the week ending January 11th, being an increase of 37 upon that of the previous week. It is consoling, however, to note that during the corresponding period of 1901 the plague deaths were higher by 78.

Throughout India the distribution of deaths from plague during the week ending January 11th was chiefly as follows: Bombay Presidency Districts, 4,797, against 4,307 during the previous week; Madras Presidency, 586, against 501; Bengal, 462, against 443; North-West Provinces and Oudh, 685, against 665; Mysore State, 636, against 791; Punjab, 2,662, against 2,348.

In Calcutta the number of deaths from plague during the week ending January 11th and 12th were 22 and 36; in Kashmir 198 and 192; and in Hyderabad 50 and 49 respectively.

In almost every district, except in Mysore and Kashmir, has there been an increase in the mortality from plague. During the week ending January 11th plague broke out in Lahore. For some years plague has prevailed around Lahore, and especially in the Jullunder district. The disease appeared first in the house of a goldsmith, and 5 deaths occurred in his family alone. The latest report is dated January 12th, up to which period 6 cases of plague and 5 deaths from the disease had occurred in Lahore. The inhabitants of Lahore are behaving in an exemplary manner. There is no scare, and protective inoculation is proceeding.

EGYPT.

The Director-General, Sanitary Department of Egypt, in his report for the week ending January 19th, states that during the week 17 fresh cases of plague and 14 deaths from the disease occurred in Egypt. Of this number Tanta reported 14 cases and 12 deaths, Mit Ghamran 2 cases and 2 deaths. It appears that the population of Tanta are averse to notifying plague, and as a result it is mostly by dead bodies being found that the presence of the disease is known. Out of a total of 39 cases up to the present announced at Tanta 24 have been found only after death in their houses. This is most detrimental to the chance of eradicating the disease, and must tax the energies and patience of the sanitary authorities to the utmost. No doubt in time the population of Tanta will become less resentful, and the tact with which the officers of the sanitary department have gained the goodwill of the people was never better displayed than at Zagazig, where, during the outbreak of plague in 1901, out of a total of 78 cases 10 only were found dead out of hospital. The consequence was that plague was speedily eradicated from Zagazig, and there is but little doubt the good work hitherto done by the Sanitary Department, in other parts of Egypt, will bear its fruit in Tanta when the natives have become accustomed to the foreigner and his ways.

MAURITIUS.

During the week ending January 30th 12 fresh cases of plague occurred in Mauritius and 9 deaths from the disease.

THE value of the estate of the late Sir William Mac Cormac, Bart., formerly President of the Royal College of Surgeons of England, has been proved at £22,812 5s. 6d.